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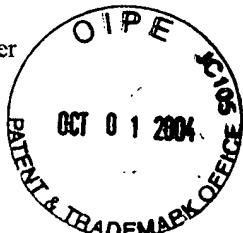
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7590

07/16/2004

Ray L. Weber, Esq.
 Renner, Kenner, Greive, Bobak, Taylor & Weber
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Laura F. Shunk	(Depositor's name)
<i>Laura F. Shunk</i>	(Signature)
Sept 28, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/085,973	02/28/2002	Jack Kelly	KSU.P0232	1213

TITLE OF INVENTION: ELLIPTICALLY POLARIZING PLATE AND LIQUID CRYSTAL DISPLAY

10/04/2004 BABRAHA2 00000016 083150 10085973

01 FC:1501 1330.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 6.00 DP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WANG, GEORGE Y	2871	349-098000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hudak, Shunk & Farine Co.
LPA

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KENT STATE UNIVERSITY

KENT, OH

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3150 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Laura F. Shunk

Sept 28, 2004

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